

School District of Waukesha
Plan Year: 9/1/23 - 8/31/24
United Healthcare (UHC)
Health Plan Comparison

Health Plan Benefit Highlights						
Plan Features	High Deductible Health Plan (HDHP) (Choice Plus Network)			Wage Base Health Plan (WBP) (qualifies as a High Deductible Health Plan)		
	In-Network Tier 1 Providers	In-Network Non-Tier 1 Providers	Out-of-Network	In-Network	Out-of-Network	
Deductible (single / family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$5,200 / \$10,400	\$4,500 / \$9,000	\$9,000 / \$18,000	
Out-of-Pocket Maximum (includes deductible)	\$1,500 / \$3,000	\$3,425 / \$6,850	\$7,000 / \$14,000	\$6,450 / \$12,900	\$12,900 / \$25,800	
Preventative Care	100%		Deductible, then 70%	100%	100%	
Primary Care Physician Office Visit & Services	Deductible, then 100%	Deductible, then 90%	Deductible, then 70%	Deductible, then 70%	Deductible, then 50%	
Specialist Office Visit & Services	Deductible, then 100%	Deductible, then 90%	Deductible, then 70%	Deductible, then 70%	Deductible, then 50%	
Inpatient Hospital Services	Deductible, then 100%	Deductible, then 70%	Deductible, then 70%	Deductible, then 70%	Deductible, then 50%	
Outpatient Hospital Services	Deductible, then 100%	Deductible, then 70%	Deductible, then 70%	Deductible, then 70%	Deductible, then 50%	
Urgent Care	Deductible, then 100%	Deductible, then 70%	Deductible, then 70%	Deductible, then 70%	Deductible, then 50%	
Emergency Room Care	Deductible, then 100%	Deductible, then 100%	Deductible, then 100%	Deductible, then 70%	Deductible, then 70%	
Coverage Details	Single (employee only) or Family (spouse &/or children)			Single (employee only) or Family (children-no spousal coverage)		
Prescription Drug Coverage Details	Navitus Prescription Drug Plan			Navitus Prescription Drug Plan		
Retail Prescription Drugs (90-day supply) Tier 1, Tier 2, Tier 3 and Specialty Drugs	Deductible, then 100%		N/A	Deductible, then 70%	N/A	
Mail Order Prescription Drugs (90-day supply) Tier 1, Tier 2, Tier 3 and Specialty Drugs	Deductible, then 100%		N/A	Deductible, then 70%	N/A	
Prescription Drugs on Preventative List	You pay 15% coinsurance, accumulates to the annual deductible		N/A	You pay 15% coinsurance, accumulates to the annual deductible		N/A
Navitus Prescription Drug Narrow Network	Includes Walgreens. Excludes CVS, Walmart/Sam's Club, A S Medication Solutions, Cardinal Health 132, Eaton Apothecary, Fairview, IHC Pharmacy Services, Ingles Markets, KS Managements Services, MDS Rx.					
Specialty Prescription Drugs	Prior authorization process with Navitus. Members must engage with Navitus Advocay program before Tier AF Specialty Drug is covered by the plan. Many times the prescription can be obtained for free using Lumicera's program. More details on page 6 of the Benefit Guide.					
Dependent Eligibility	Dependents and full-time students are eligible to age 26					
Tier	2023 - 2024 HDHP Employee Premiums			2023 - 2024 WBP Employee Premiums		
Level of Coverage Enrolled (plans based on hours per week hired to work)	Employee Per Pay Period			Employee Per Pay Period		
	24 Pay Periods	20 Pay Periods	19 Pay Periods	24 Pay Periods	20 Pay Periods	19 Pay Periods
Single-Wellness: 40 hrs/week	\$50.35	\$60.42	\$63.60	N/A	N/A	N/A
Single-Non-wellness: 40 hrs/week	\$92.31	\$110.78	\$116.61	N/A	N/A	N/A
Family-Wellness: 40 hrs/week	\$114.00	\$136.79	\$143.99	N/A	N/A	N/A
Family-Non-wellness: 40 hrs/week	\$208.99	\$250.79	\$263.99	N/A	N/A	N/A
Family-Split wellness: 40 hrs/week	\$161.49	\$193.79	\$203.99	N/A	N/A	N/A
Single-Wage Base Plan: 40 hrs/week	N/A	N/A	N/A	\$55.40	\$66.48	\$69.97
Family-Wage Base Plan: 40 hrs/week	N/A	N/A	N/A	\$208.99	\$250.78	\$263.98
Single-Wellness: 35 - 39.99 hrs/week	\$92.31	\$110.78	\$116.61	N/A	N/A	N/A
Single-Non-wellness: 35 - 39.99 hrs/week	\$134.27	\$161.13	\$169.61	N/A	N/A	N/A
Family-Wellness: 35 - 39.99 hrs/week	\$208.99	\$250.79	\$263.99	N/A	N/A	N/A
Family-Non-wellness: 35 - 39.99 hrs/week	\$303.99	\$364.79	\$383.99	N/A	N/A	N/A
Family-Split wellness: 35 - 39.99 hrs/week	\$256.49	\$307.79	\$323.99	N/A	N/A	N/A
Single-Wage Base Plan: 35 - 39.99 hrs/week	N/A	N/A	N/A	\$55.40	\$66.48	\$69.97
Family-Wage Base Plan: 35 - 39.99 hrs/week	N/A	N/A	N/A	\$208.99	\$250.78	\$263.98
Single-Wellness: 30 - 34.99 hrs/week	\$134.27	\$161.13	\$169.61	N/A	N/A	N/A
Single-Non-wellness: 30 - 34.99 hrs/week	\$176.23	\$211.48	\$222.61	N/A	N/A	N/A
Family-Wellness: 30 - 34.99 hrs/week	\$303.99	\$364.79	\$383.99	N/A	N/A	N/A
Family-Non-wellness: 30 - 34.99 hrs/week	\$398.99	\$478.78	\$503.98	N/A	N/A	N/A
Family-Split wellness: 30 - 34.99 hrs/week	\$351.49	\$421.78	\$443.98	N/A	N/A	N/A
Single-Wage Base Plan: 30 - 34.99 hrs/week	N/A	N/A	N/A	\$55.40	\$66.48	\$69.97
Family-Wage Base Plan: 30 - 34.99 hrs/week	N/A	N/A	N/A	\$208.99	\$250.78	\$263.98